

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks:

Number of Copies of CDs

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

**SYSTEM AND METHOD FOR ADMINISTERING
HEALTH CARE COST REDUCTION**

Attorney Docket Number:: 228278

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 13

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Howard
Middle Name:: R.
Family Name:: Underwood
Name Suffix::
City of Residence:: Bryn Mawr
State or Prov. of Residence:: PA
Country of Residence:: US
Street of mailing address:: 830 W. Montgomery Avenue
#412
City of mailing address:: Bryn Mawr
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 19010-3319
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Walter
Middle Name::
Family Name:: Kastenschmidt
Name Suffix::
City of Residence:: North Wales
State or Prov. of Residence:: PA
Country of Residence:: US
Street of mailing address:: 32 Harper Lane

City of mailing address:: North Wales
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 19454

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Aetna, Inc.

Street of mailing address:: 151 Farmington Avenue

City of mailing address:: Hartford

State or Province of
mailing address:: CT

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 01656-3124